

Zoning File No. _____

Appeal No. _____

Fee \$100.00

APPEAL TO BOARD OF ADJUSTMENT

I (We), _____ of _____
(Name) (Mailing Address)

respectfully request that a determination be made by the Board of Adjustment on the following appeal, which was denied by the Enforcing Officer on _____ for the reason that it was a matter which, in his opinion, should properly come before the Board of Adjustment.

An interpretation _____ exception _____ variance _____ is requested to Section _____ of the Zoning Ordinance for the reason that:

_____ It is an appeal for an interpretation of the ordinance or map.

_____ It is an exception to the ordinance on which the Board of Adjustment is required to pass.

_____ It is a request for a variance relating to the _____ use _____ area _____ frontage _____ yard (or) _____ provisions of the Ordinance.

Remarks: _____

The premises affected are located at _____ in Zone District _____

Legal description of property involved in this appeal:

Has any previous application or appeal been filed in connection with these premises? _____

What is the applicant's interest in the premises affected? _____

What is the approximate cost of the work involved? \$ _____

Explanation of purpose to which property will be put: _____

Plot Plan attached: _____ yes _____ no.

Ground Plan and elevations attached _____ yes _____ no. If no, explain: _____

Following is an abstractor's plat and list of property owners within 500 feet of the exterior limits of the property involved in this appeal, together with address of same:

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I (we) further state that if this request is granted, I (we) will proceed with the actual construction in accordance with the plans herewith submitted within six months from date of filing this appeal; will complete the work within _____ year(s) from said date; and that I am able from a financial, legal, and physical basis to do so.

Date: _____

Signature(s) of Applicant(s)

FOR USE OF BOARD OF ADJUSTMENT ONLY

Date hearing advertised _____ Date of hearing _____

Fee Paid - Receipt No. _____

Decision of the Board of Adjustment _____

Reasons:

1. _____

2. _____

3. _____

Other remarks:

BOARD OF ADJUSTMENT

By: _____

Chairperson

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